



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

received 1/14/REPORT

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

**REVIEWED**

By Carol Day at 8:32 am, Feb 05, 2014

ALCO SENSOR IV SN 030451	PRINTER SN 95.1111.053	DATE OF INSPECTION 01-06-2014
LOCATION OF INSTRUMENT (STREET AND CITY) 501 Faraon St. St. Joseph, MO 64501		TIME OF INSPECTION 1419

**CHECKLIST:** Place a mark in the box by each item it found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (1 0-C - 40-C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Intoximeters LOT # AG300201 EXP. DATE 01-02-2015

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR EXP DATE

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 w. .101	TEST 2 w. .101	TEST 3 w. .101
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☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	2	(0-.04)	1	(.05-.09)	1	(.10-.14)	0	(.15-.19)	1	(OVER.19)	3
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

**INSPECTING OFFICER**

SIGNATURE 	PRINT NAME Chris McBane / Scott Gary
TYPE II PERMIT NUMBER/EXPIRATION DATE 220199 08-13-2014 / 220179 08-3-2014	TELEPHONE NUMBER (816) 271-5359

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



Airgas Mid America (LABORATORY)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

## Certificate of Analysis

Customer Name  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Test Date: 2-Jan-2013

Dear Sir,

This is your Certificate of Analysis:

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
1/2/2015	108	Ethanol	0.100 $\pm$ 2% BrAC (272 ppm)
		Nitrogen	Balance

Lot # AG300201

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.5 ppm	EB0010603	390.9 ppm
EB0010570	258.4 ppm	EB0010559	258.3 ppm
EB0010285	208.9 ppm	EB0010595	209.2 ppm
EB0010561	101.9 ppm	EB0010562	104.9 ppm
EB0010681	63.0 ppm	EB0010679	62.4 ppm

Analytical Method: NDIR

Analyst: 

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 830451  
Version no: 7410

TEST RECORD. 03429  
Temp Date Time 210L

Air Blank:  
01/06/14 14:19 .000  
Calibration Check:  
23 01/06/14 14:19 .101

Subject Name  
TEST #1  
Subject I.D.

Operator Name, I.D.  
McBride #3740  
Location

AS IV Serial no: 830451  
Version no: 7410

TEST RECORD 03430  
Temp Date Time 210L

Air Blank:  
01/06/14 14:21 .000  
Calibration Check:  
24 01/06/14 14:21 .101

Subject Name  
TEST #2  
Subject I.D.

Operator Name, I.D.  
McBride #3740  
Location

AS IV Serial no: 830451  
Version no: 7410

TEST RECORD 03431  
Temp Date Time 210L

Air Blank:  
01/06/14 14:24 .000  
Calibration Check:  
24 01/06/14 14:24 .101

Subject Name  
TEST #3  
Subject I.D.

Operator Name, I.D.  
McBride #3740  
Location

AS IV Serial no: 830451  
Version no: 7410

TEST RECORD 03432  
Temp Date Time 210L

Air Blank:  
01/06/14 14:26  
Calibration Check:  
24 01/06/14 14:26 .101

Subject Name  
REF TEST  
Subject I.D.

Operator Name, I.D.  
McBride #3740  
Location

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



CHRISTOPHER MCBANE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 08/13/2012

Number 220199

Expires 08/13/2014

MO 680-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



SCOTT GARY

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 08/03/2012

Number 220179

Expires 08/03/2014

MO 560-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab, 4 (R7-88)